PTO/SB/22 (01-08)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 09/880,097 PLEIOTROPHIN GROWTH FACTOR RECEPTOR FOR THE TRIVASCULAR AND NEUROLOGICAL DISORDERS Art Unit 1649 This is a request under the provisions of 37 CFR 1.136(a) to extend the period application. The requested extension and fee are as follows (check time period desired at Fee	Filed REATMENT OF PRO Examiner od for filing a reply in	June 14, 2001 OLIFERATIVE, D. E. Kolker		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 09/880,097 For PLEIOTROPHIN GROWTH FACTOR RECEPTOR FOR THE TRIVASCULAR AND NEUROLOGICAL DISORDERS Art Unit 1649 This is a request under the provisions of 37 CFR 1.136(a) to extend the period application. The requested extension and fee are as follows (check time period desired a Fee	Filed REATMENT OF PRO Examiner od for filing a reply in	June 14, 2001 OLIFERATIVE, D. E. Kolker		
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application. The requested extension and fee are as follows (check time period desired a <u>Fee</u>		the above identified		
<u>Fee</u>	and enter the appropr			
	2110 01101 010 0 0	riate fee below):		
	Small Entity Fee	-		
x One month (37 CFR 1.17(a)(1)) \$120	\$60	\$ 60.00		
Two months (37 CFR 1.17(a)(2)) \$460	\$230	\$		
Three months (37 CFR 1.17(a)(3)) \$1050	\$525	\$		
Four months (37 CFR 1.17(a)(4)) \$1640	\$820	\$		
Five months (37 CFR 1.17(a)(5)) \$2230	\$1115	\$		
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this a	application to a Dep	osit Account.		
X The Director is hereby authorized to charge any fees which may Deposit Account Number 18-1945. I have enclowed WARNING: Information on this form may become public. Credit card information and authorization on PTO-2038. I am the applicant/inventor.	osed a duplicate cop formation should not b	py of this sheet.		
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
x attorney or agent of record. Registration Number	61,156	<u>.</u>		
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34				
20m/	Jun	ne 2, 2008		
Signature		Date		
Ryan Murphey, Ph.D.) 596-9737		
Typed or printed name	Teleph	one Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their repretan one signature is required, see below.	esentative(s) are required.	Submit multiple forms if more		
X Total of 1 forms are submitted.	96./94./2098 ISSNIP	ENI 90000014 181945		
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FY 2008 (Fees pursuant to the Consolidated Appropriations Ac	t. 2005 (H.R. 4818).)	GUH-025-101		
Application Number 09/880,09		Filed June 14, 2001		
For PLEIOTROPHIN GROWTH FACTOR RECE VASCULAR AND NEUROLOGICAL DISOR	EPTOR FOR THE TR	REATMENT OF PROL	IFERATIVE,	
Art Unit 1649		Examiner	D. E. Kolker	
This is a request under the provisions of 37 CFR 1.136 application.	6(a) to extend the peri	od for filing a reply in th	ne above identified	
The requested extension and fee are as follows (check	k time period desired a	and enter the appropria	te fee below):	
x One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$ 60.00	
Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$	
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Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$	
A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is The Director has already been authorized to charge Deposit Account Number 18-1945 WARNING: Information on this form may become Provide credit card information and authorization applicant/inventor. assignee of record of the entire Statement under 37 CFF attorney or agent of record. Record in the statement of the cord.	attached. charge fees in this a any fees which may I have enclore public. Credit card infin on PTO-2038. re interest. See 37 CR 3.73(b) is enclosed	be required, or credit osed a duplicate copy formation should not be FR 3.71.	any overpayment, to of this sheet. included on this form.	
attorney or agent under 37 CF Registration number if acting				
non		June 2, 2008		
Signature		Date		
Ryan Murphey, Ph.D. Typed or printed name		(212) 596-9737 Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
X Total of 1 forms are sul	bmitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EM125016137US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Signature: Andrea Silverman) Dated: __June 2, 2008